



Optimizing Patient Transfers, Impacting Medical Quality, and Improving Symptoms: Transforming Institutional Care

Dementia Care Training Series Pre Self-Assessment

ID Name _____

Date _____

What is your comfort level regarding the following aspects of dementia care?

		Very Comfortable	Comfortable	Neutral	Uncomfort- able	Very Uncomfort- able
1	Managing physically aggressive behaviors (hitting, biting, kicking, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Managing physically non -aggressive behaviors (wandering, repetitive movements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Managing verbally aggressive behaviors (cursing, verbal threats)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Managing verbally non -aggressive behaviors (repetitive questions or noises)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Writing a care plan for a patient with a specific behavior related to dementia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Teaching a positive approach to patients with dementia to other caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Determining the cause for a particular dementia related behavior for a specific resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Explaining dementia to families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Determining whether an antipsychotic medication is justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Distinguishing dementia from delirium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>